

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10							60						
11							61						
12							62						
13							63						
14							64						
15							65						
16							66						
17							67						
18							68						
19							69						
20	/						70						
21							71						
22							72						
23							73						
24							74						
25							75						
26							76						
27							77						
28							78						
29							79						
30							80						
31	/						81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	9	↓		↓		↓
TOTAL DEP.							TOTAL DEP.	145	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	154					

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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	IND.	DEP.	IND.	DEP.	IND.	DEP.										
1	/						51									
2		/					52		/							
3		/					53									
4		/					54		/							
5		/					55		/							
6		/					56		/							
7		/					57		/							
8		/					58		/							
9		/					59		/							
10		/					60		/							
11		/					61		/							
12		/					62		/							
13		/					63		/							
14		/					64		/							
15	/						65		/							
16		/					66		/							
17		/					67		/							
18		/					68		/							
19		/					69		/							
20		/					70	/								
21		/					71		/							
22		/					72		/							
23		/					73		/							
24		/					74		/							
25		/					75		/							
26		/					76		/							
27		/					77		/							
28		/					78		/							
29	/						79		/							
30		/					80		/							
31		/					81		/							
32		/					82		/							
33		/					83	/								
34		/					84		/							
35		/					85		/							
36		/					86		/							
37		/					87		/							
38		/					88		/							
39		/					89		/							
40		/					90		/							
41		/					91		/							
42		/					92		/							
43		/					93		/							
44		/					94		/							
45		/					95		/							
46		/					96		/							
47		/					97	/								
48		/					98		/							
49	/						99		/							
50		/					100		/							
TOTAL IND.		↓		↓		↓	TOTAL IND.		↓		↓		↓		↓	
TOTAL DEP.		↓		↓		↓	TOTAL DEP.		↓		↓		↓		↓	
TOTAL CLAIMS							TOTAL CLAIMS									

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